be 'taken off its feet,' and its pace materially diminished by immoderate driving, the impetus being greater than its capacity for speed. Besides this there may probably be such an abundance of carbonic acid engendered by the energetic oxidation as to check in some measure chemico-organic reaction and dynamization, and thus induce vital inertia and insensibility."

The late Dr. Wm. P. C. Barton published his inaugural "Desertation on the Chymical Properties and Exhilarating Effects of Nitrous Oxide Gas" in the year 1808. We conjecture that the concluding sentences of his work might be quoted as a suitable close of the essay before us. He says: "The human mind delights to rove through the flowery fields of speculation, and scarce can two connected facts present themselves to its observation, than it immediately infers some consequent conclusion. If these are illusions that 'have *cheated* while they *charmed* the dazzled mind,' they have afforded me a pleasure that is not alloyed by a consciousness of their instability and hypothetical nature. If they are the phantoms of a dream that, when I wake, shall be melted into air, I will still dream on, and exclaim with Ferdinand in the Tempest,

> 'This is a most majestic vision, and
> Harmonious charmingly.'"

W. S. W. R.

ART. XXXIV.—*A Manual of the Principles of Surgery, Based on Pathology, for Students.* By WILLIAM CANNIFF, Licentiate of the Med. Board, Upper Canada; M. D. of Univ. New York; M. R. C. S., England; formerly House Surgeon to the Seaman's Hospital, New York; late Professor of General Pathology and the Principles and Practice of Surgery, Univ. Victoria College, Toronto, C. W., etc. etc. etc. 8vo. pp. 402. Philadelphia: Lindsay & Blakiston, 1866.

THIS manual is evidently the production of a man who is well informed on his subject, and who moreover has had experience as a teacher and as a practitioner. He has profited by the study of the best authors on the principles of surgery, tested practically their doctrines, and has presented his own views, well arranged and clearly expressed, for the advantage of others.

The subjects treated of are arranged and divided into five divisions, and these into forty-seven chapters. A first chapter treats of nutrition, development, growth, assimilation, the formative process, ordinary decay, repair, and the conditions necessary for repair. The divisions treat of inflammation and the diseases arising out of inflammation; of the healing process and diseases of the healing process; of external injuries, contusions, and wounds; of diseases of certain tissues, bones, joints (including fractures and dislocations), arteries, and veins; and of morbid growths.

We recommend this work, as an excellent treatise, both to persons beginning the study of surgery and to those who have been long engaged in its practice.

W. F. A.

ART. XXXV.—*The Malformations, Diseases, and Injuries of the Fingers and Toes, and their Surgical Treatment.* By THOMAS ANNANDALE, F. R. C. S., Edinburgh Lecturer on Surgery, Assistant Surgeon to the Edinburgh Royal Infirmary. The Jacksonian Prize Essay for the year 1864. 8vo. pp. 292. Philadelphia: J. B. Lippincott & Co., 1866.

THIS work is a valuable one, both intrinsically and also accidentally, for it is, we believe, the only one treating specially of the same subjects. It is divided into seven chapters, treating respectively of congenital affections, of inflammatory affections, of tumours, of injuries, of non-congenital contractions and distortions, and of excisions of the bones and joints of the digits, and of their amputations. It is handsomely printed, and illustrated by twelve plates, containing a hundred and twenty-seven figures. W. F. A.

ART. XXXVI.—*A Lecture on Posterior Staphyloma, with special reference to two singular Cases, with a Supplementary Note on Posterior Staphyloma (so called) and Hypermetropia, with Illustrations.* By J. F. STREATFEILD, F.R.C.S., Assistant Surgeon to the Royal London Ophthalmic Hospital, and to the Eye Infirmary of University College Hospital, &c. pp. 18, with two coloured plates. London: John Churchill & Sons, 1866.

LITTLE was known of posterior staphyloma before the invention of the ophthalmoscope; it was only after death that this affection could be recognized. In the interesting lecture of Mr. Streatfeild, he clearly points out the appearances revealed by the ophthalmoscope, which characterize this pathological condition, and relates two very interesting cases of the disease.

Mr. S. classifies this affection into stationary and progressive staphylomata.

The elongation of the antero-posterior axis of the eye in this disease occasions myopia, and this usually first induces the patient to seek advice.

In the stationary kind the great characteristic of an ophthalmic examination, as pointed out by our author, is a white crescentic mark touching the optic nerve entrance, and embracing it more or less, and sometimes encircling it altogether.

In the first of the two cases described by Mr. S., its singularity consisted in this—" *a posterior staphyloma existed without any connection with the optic nerve entrance.* An ordinary posterior staphyloma existed in this eye, the right, but chiefly on the inner side of the optic nerve entrance, away from the extraordinary staphyloma which was quite separate and altogether unconnected with it. This, the ordinary staphyloma, was not therefore in the most usual situation, or rather, as it extended round the whole circumference of the optic nerve entrance, it should be said that the crescent, the widest part of the staphyloma was rather, but not exactly, on the opposite side of the optic nerve entrance to that on which it is usually found. As far as the ordinary staphyloma was concerned, the left eye of the patient was symmetrically affected, but there was no other resemblance between the two eyes, and no initial stage of the extraordinary staphyloma, that could be recognized, in the left eye. The larger and extraordinary staphyloma of the right eye was of about twice the diameter of that encircling the optic nerve entrance. It occupied the region of the yellow spot. It reflected light very brilliantly as from the bottom of a hollow, from one part or another particularly as the light was thrown into it. Its margin was surrounded by irregular streaks of black pigment, some of them being within the margin, as if it had increased in size, and they had been left there. Its margin fell a little out of the circle on the side towards the optic nerve entrance, as if it would be likely to join with the staphyloma in that situation; but there was a broad bridge of perfectly healthy looking choroid, retina, &c., between the two staphylomata. Many of the short ciliary arteries were seen entering the large staphyloma, through the sclerotic, generally in pairs, through little slit-shaped openings common to the two. Some of them seemed to me to go to the sclerotic itself. Their course seemed also to indicate the deep hollow of the staphyloma. They were very fine, and did not seem to have a forward course, but were generally curved into the staphyloma. The choroidal epithelium in the neighbourhood of the large posterior staphyloma was all around it much more distinctly pigmented than elsewhere, and on the inner side of the optic nerve entrance the choroidal vessels could be very distinctly seen."

The ophthalmoscopic appearances of the eyes in this case are exhibited in a coloured plate, as are also those in the second case.

We recommend this lecture to the careful study of ophthalmic surgeons, as containing much information, and as throwing light on an obscure affection.